UTILITY
PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 00862.023518.

First Named Inventor or Application Identifier

MASAYUKI YAMADA ET AL.

		Lxpress iviali	Laber NO.		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		. ADDR	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. Fee Transmittal Form (Submit an original, and a duplicate	for fee processing)	7.	CD-ROM or ( Program (Ap)	CD-R in duplicate	e, large table or Computer
Applicant claims small entity status. See 37 CFR 1.27.		8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. X Specification 7	Total Pages 30			mputer Readabl	le Form (CRF)
4. X Drawing(s) (35 USC 113)	Fotal Sheets 6			ion Sequence List D-ROM or CD-R	
5. X Oath or Declaration	Total Pages 2			aper	(2 copies), or
a. X Newly executed (original		c. Statements verifying identity of above copies			
h Construction	lierties (27 OFD 4 20/ "	<u> </u>	ACCOMP	ANYING APPLIC	CATION PARTS
(for continuation/division	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)		Assignment Pa	apers (cover shee	t & document(s))
i. <u>DELETION OF INVENTOR(S)</u> Signed Statement attached deleting		10.	37 CFR 3.73(b) (when there i	s an assignee)	X Power of Attorney
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		see 11.		slation Documen	nt (if applicable)
6. X Application Data Sheet. See 37	7 CFR 1.76	12.	Information D Statement (ID	Disclosure DS)/PTO-1449	Copies of IDS Citations
,		13	Preliminary A	mendment	
		14. X		pt Postcard (MP	
		15.	Certified Cop	y of Priority Doc ority is claimed)	ument(s)
		16	Other:		
17. If a CONTINUING APPLICATION, ch	eck appropriate box and su	ipply the requisite	information:		
Continuation  Divisional  Prior application information:  Divisional  Examiner  Continuation-in-part (CIP) of prior application No/  Group/Art Unit:					
For CONTINUATION OR DIVISIONAL APPS considered a part of the disclosure of the according be relied upon when a portion has been inadv	empanying continuation or div	isional application a	nd is hereby inco	oath or declaratio orporated by refer	on is supplied under Box 5b, is ence. The incorporation can only
be relied upon when a portion has been mady					
	18. CORRES	SPONDENCE ADDE	RESS :		
X Customer Number or Bar Code Label	(Insert Customer No.		ibel here)	or Corres	spondence address below
NAME					
		<del></del>			
Address					
City	State		<del></del>	7:- 0- !	1
Country	Telephone			Zip Code	
<del></del>	reicphone			Fax	

- 1	
	+

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	15-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 86.00 =	\$0.00
	MULTIPLE DEPENDEN	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$770.00
		\$770.00			
	Reduction by				
		\$770.00			
9. Sn a.		ntity statement is enclose			
a. b. c.	A small en  A small en  and desire  Is no long	ntity statement was filed in ed. er claimed.	n the prior nonprovision		h status is still proper
a. b. c.	A small en  A small en  and desire  Is no long	ntity statement was filed in ed.	n the prior nonprovision		h status is still proper
a. b. c.	A small en  A small en  and desire  Is no long  X  A check in the amo	ntity statement was filed in ed. er claimed.	n the prior nonprovisions	enclosed.	h status is still proper
a. b. c. 20.	A small en A small en and desire Is no long  X A check in the amount A check in the amount C A check i	ntity statement was filed in ed. er claimed. ount of \$770.00	to cover the filing fee is	enclosed. ee is enclosed.	
a. b. c. 20. 21. 21. 22. Th	A small en  A small en  A small en  and desire  Is no long  X  A check in the amount  A check in the amount  e Commissioner is hereb  0. 06-1205:  X  Fees requ	ntity statement was filed in ed. er claimed. ount of \$ 770.00 ount of \$ 40.00 y authorized to credit ove	to cover the filing fee is	enclosed. ee is enclosed.	

	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED
NAME	CARL B. WISCHHUSEN (Reg. No. 43,279)
SIGNATURE	Larl B. Washhuan
DATE	MARCH 12, 2004

Form #125

NY\_MAIN 408542v1